

# EXHIBIT A

NYSCEF DOC. NO. 70

RECEIVED NYSCEF: 08/14/2019

Description of Property:.....  
Other information from recipient:.....00000000000000000000000000000000  
The number of mortgaged properties:.....00000000

## Form 1098 Mortgage Interest Statement

Recipient/Lender:

Recipient's Federal Identification Number [REDACTED]  
[REDACTED]

Payer/Borrower:

Payer's Social Security Number: [REDACTED]

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Submission Type:.....Original document

Account Number (Optional):.....

Mortgage Interest Received from Payer(s)/Borrower(s):.....

Points Paid on Purchase of Principal Residence:.....

Refund of Overpaid Interest:.....

Mortgage Insurance Premiums:.....

Outstanding Mortgage Principle:.....

Mortgage Origination Date:.....

Property Address Verification:.....

Address of property securing Mortgage:.....

Description of Property:.....

Other information from recipient:.....

The number of mortgaged properties:.....

## Form 1099-C Cancellation of Debt

Creditor:

Creditor's Federal Identification Number (FIN):XXXXX9639

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Debtor:

Debtor's Identification Number: [REDACTED]

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Submission Type:.....Original document

Account Number (Optional):.....XXX12/1

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Property Fair Market Value:.....\$0.00  
Amount of Debt Discharged:.....\$2,000,000.00  
Interest Forgiven Amount:.....\$0.00  
Identifiable Event Code:.....Creditor's debt collection Policy  
Debt Description:.....BUSINESS LOAN  
Was borrower personally liable for repayment of the debt?:  
.....Box checked-Personally Liable

Form 1099-G

Payer:

Payer's Federal Identification Number [REDACTED]  
[REDACTED]

Recipient:

Recipient's Identification Number: [REDACTED]

PETE

1409 S

Submission Type:.....Original document

Account Number (Optional):.....

ATAA Payments:.....

Tax Withheld:.....

Taxable Grants:.....

Unemployment Compensation:.....

Agricultural Subsidies:.....

Prior Year Refund:.....

Market gain on Commodity Credit Corporation loans repaid on or after January

1, 2008:.....

Year of Refund:.....

1099G Offset:.....Not Refund, Credit, or Offset for Trade or Business

Form 1099-INT

Payer:

Payer's Federal Identification Number [REDACTED]  
[REDACTED]

Recipient:

Recipient's Identification Number: [REDACTED]

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